

PROVIDER LABEL

OMB#: 0935-0118

**MEDICAL PROVIDER COMPONENT
FOR REFERENCE YEAR 2007**

CONTACT GUIDE FOR OFFICE-BASED PROVIDERS

A1. ASK IF NOT OBVIOUS: Have I reached (PROVIDER)?

- ☐ CORRECT PROVIDER → CONTINUE WITH A2
- ☐ PROBLEM WITH PROVIDER → RECORD INFORMATION BELOW, TERMINATE CALL,
AND CONSULT TASK COORDINATOR

A2. May I please speak to the office manager or the person who does the billing?

- ☐ OFFICE MANAGER OR BILLING DEPARTMENT → CONTINUE WITH A3
- ☐ BILLING IS PERFORMED BY AN OUTSIDE BILLING SERVICE
→ ASK TO SPEAK TO SOMEONE WHO DEALS WITH THE BILLING SERVICE →
CONTINUE WITH A3
- ☐ NO BILLING DEPARTMENT AND IT IS NOT CLEAR WHO TO SPEAK TO
→ RECORD INFORMATION BELOW, TERMINATE CALL, AND CONSULT
TASK COORDINATOR _____

A3. Hello, my name is (YOUR NAME) and I am calling on behalf of the U.S. Public Health Service. We are conducting MEPS which is a study about how people in the United States use and pay for health care. First, let me verify that this is a doctor's office and not a hospital.

PHYSICIAN'S OFFICE, PUBLICLY-FUNDED CLINIC,
URGI-CENTER ☐

HEALTH MAINTENANCE ORGANIZATION (HMO) ☐

HOSPITAL, HOSPITAL SATELLITE CLINIC, HOSPITAL
OUTPATIENT DEPARTMENT, SURGI-CENTER..... ☐

HOME CARE PROVIDER..... ☐

LONG-TERM CARE FACILITY SUCH AS A NURSING HOME.. ☐

SOMETHING ELSE (SPECIFY: _____) ☐

} TERMINATE CALL, COMPLETE
NIRF AND CODE CASE A '13'

- A4. And is there at least one physician in the practice who is a Medical Doctor or a Doctor of Osteopathy?
- YES, 1
- NO 2 → For this study, we are only asking about care provided by or supervised by Medical Doctors and Doctors of Osteopathy. Thank you very much for your time. [END CONTACT. PROVIDER NOT ELIGIBLE.]

A5. INTERVIEWER: IS THIS A RUBBERBAND CASE?

YES 1 (A5a)

NO 2 (A6)

A5a. I need to determine if the following providers were associated with this practice during 2007. [REVIEW EACH PROVIDER WITH THE CONTACT PERSON AND COMPLETE SAMPLE PROBLEM FORM AS APPROPRIATE]

- A6. [NUMBER FROM PATIENT LIST] patients identified (PROVIDER) as a source of health care during 2007. Each patient signed an authorization form allowing us to contact you for information about the care they received from (PROVIDER) in 2007. I would like to send the authorization forms to you, along with additional information explaining the study. Would you prefer the authorization forms be sent to you by fax? By mail?

[INTERVIEWER: READ IF THE RESPONDENT WOULD LIKE TO PROVIDE THE DATA PRIOR TO RECEIVING AUTHORIZATION FORM(S)]: In order to remain HIPAA compliant, I need to send you the authorization form(s) first. Once you have received the form(s), then we can arrange for the collection of the data.

OFFICE MAINTAINS THE INFORMATION:

FAX AUTHORIZATION FORM(S) 1 (A7)

MAIL AUTHORIZATION FORM(S) 2 (A8)

OFFICE DOES NOT MAINTAIN THE INFORMATION:

NEED TO CONTACT BILLING SERVICE 3 (A10)

THIS TYPE OF INFORMATION IS NOT AVAILABLE

(RECORD VERBATIM:) 4 (TERMINATE AND CONSULT TASK COORDINATOR)

- A7. What is the FAX number?

FAX NUMBER: ()

What name and title should I put on the FAX cover page?

NAME:

TITLE:

DEPARTMENT:

PROVIDER:

GO TO A9

A8. What name and address should I put on the address label?:

NAME: _____
TITLE: _____
DEPARTMENT: _____
PROVIDER NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: (_____) _____ EXT: _____

A9. Once you have received the authorization form(s), we will collect the data. For each date of service in 2007, we are requesting information about charges, payments, diagnoses, and services provided. Would you prefer providing that data to us over the phone, or would you rather fax or mail in the data to us?

Should we need to contact you by phone, what would be the best day and time to call?

DAY: _____ DATE: _____ R's TIME: _____ AM/PM

INTERVIEWER: PROVIDER WILL RESPOND:

BY FAX	1
BY MAIL	2
BY PHONE	3
NO PREFERENCE INDICATED	4

IS THE MAIL OR FAX BEING SENT TO:

PERSON ON TELEPHONE 1 SOMEONE ELSE 2

INTERVIEWER: IF THE MAIL OR FAX IS BEING SENT TO SOMEONE ELSE, RECORD THE TELEPHONE CONTACT'S NAME:

TELEPHONE CONTACT NAME: _____

Thank you very much for your help. [END CONTACT AND RECORD FAX/MAIL DATE AND APPOINTMENT ON CALL RECORD.]

A10. We will need to get in touch with the billing service to obtain some of the information we need. What is the name of the billing service, their telephone number, and the name of a contact person?

NAME OF BILLING SERVICE: _____
TELEPHONE: (_____) _____ EXT: _____
PERSON'S NAME: _____
TITLE: _____

A11. I think we can probably get all the additional information we need from (BILLING SERVICE). We will send you a copy of the authorization form(s) for your files. Let me verify that I have your correct mailing address.

NAME: _____
TITLE: _____
DEPARTMENT: _____
PROVIDER NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

And what is your fax number?

FAX NUMBER:(_____) _____

Thank you very much for your help. [END CONTACT AND CALL BILLING SERVICE NAMED IN A10.]

BILLING SERVICE

- A12. Hello, my name is (YOUR NAME). We are conducting MEPS for the U.S. Public Health Service which is a study about how people in the United States use and pay for health care. We were referred to you by (PROVIDER) for information about [NUMBER FROM PATIENT LIST] of their patients. Each patient signed an authorization form allowing us to contact you for information about the care they received from (PROVIDER) in 2007. I would like to send the authorization forms to you along with additional information explaining the study. Would you prefer the authorization forms be sent to you by fax? By mail?

[INTERVIEWER: READ IF THE RESPONDENT WOULD LIKE TO PROVIDE THE DATA PRIOR TO RECEIVING AUTHORIZATION FORM(S)]: In order to remain HIPAA compliant, I need to send you the authorization form(s) first. Once you have received the form(s), then we can arrange for the collection of the data.

FAX AUTHORIZATION FORM(S)..... 1 (A13)
MAIL AUTHORIZATION FORM(S) 2 (A14)

- A13. What is the FAX number?

FAX NUMBER: (_____) _____

And what name and title should I put on the fax cover page?

NAME: _____
TITLE: _____
DEPARTMENT: _____
NAME OF SERVICE: _____

GO TO A15

- A14. What name and address should I put on the address label?:

NAME: _____
TITLE: _____
DEPARTMENT: _____
PROVIDER NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: (_____) _____ EXT: _____

- A15. Once you have received the authorization form(s), we will collect the data. For each date of service in 2007, we are requesting information about charges, payments, diagnoses, and services provided. Would you prefer providing that data to us over the phone, or would you rather fax or mail in the data to us?

Should we need to contact you by phone, what would be the best day and time to call?

DAY: _____ DATE: _____ R's TIME: _____ AM/PM

INTERVIEWER: PROVIDER WILL RESPOND:

BY FAX	1
BY MAIL	2
BY PHONE	3
NO PREFERENCE INDICATED	4

IS THE MAIL OR FAX BEING SENT TO:

PERSON ON TELEPHONE 1 SOMEONE ELSE 2

INTERVIEWER: IF THE MAIL OR FAX IS BEING SENT TO SOMEONE ELSE, RECORD THE
TELEPHONE CONTACT'S NAME:

TELEPHONE CONTACT NAME: _____

Thank you very much for your help. [END CONTACT AND RECORD FAX/MAIL DATE AND APPOINTMENT
ON CALL RECORD.]

FOLLOWUP INTRODUCTION

A16. May I please speak to (RESPONDENT)?

Hello, my name is (YOUR NAME) and I am calling about MEPS, which is a study that we are conducting for the U.S. Public Health Service. Did you receive the authorization form(s) we (FAXed/sent)?

YES 1 (A21)
YES, DATA SENT/FAXED TO WESTAT 2 (A16a)
NO 3 (A17)

A16a. Approximately, when was the information sent?

MONTH:_____ DAY:_____ YEAR:_____

Thank you very much for your help. Once we receive and review the records, we may be contacting you again to answer questions about the data. [END CONTACT AND RECORD FAX/MAIL DATE ON CALL RECORD.]

A17. Let me (FAX/send) the authorization form(s) to you.

HAS FAX MACHINE 1 (A18)
DOES NOT HAVE FAX MACHINE OR PREFERS MAIL 2 (A19)

[INTERVIEWER: READ IF THE RESPONDENT WOULD LIKE TO PROVIDE THE DATA PRIOR TO RECEIVING AUTHORIZATION FORM(S)]: In order to remain HIPAA compliant, I need to send you the authorization form(s) first. Once you have received the form(s), then we can arrange for the collection of the data.

A18. I would like to verify the FAX number and name that I should put on the FAX cover page. I have (IF PROVIDER, THEN GIVE NAME AND FAX NUMBER FROM A7. IF BILLING SERVICE, THEN GIVE NAME AND FAX NUMBER FROM A13.). Is that correct?

FAX NUMBER: (_____) _____
NAME: _____
TITLE: _____
DEPARTMENT: _____
PROVIDER: _____

Once you have received the authorization form(s), we will collect the data. For each date of service in 2007, we are requesting information about charges, payments, diagnoses, and services provided. Would you prefer providing that data to us over the phone, or would you rather fax or mail in the data to us?

DAY:_____ DATE:_____ R's TIME: _____ AM/PM

Thank you very much for your help. [END CONTACT AND RECORD FAX DATE AND APPOINTMENT ON CALL RECORD.]

A19. I would like to verify the name and address that should go on the address label. I have (IF PROVIDER, THEN GIVE NAME AND ADDRESS FROM A8. IF BILLING SERVICE, THEN GIVE NAME AND ADDRESS FROM A14). Is that correct? [MAKE CORRECTIONS AS NECESSARY]

NAME: _____
 TITLE: _____
 DEPARTMENT: _____
 PROVIDER NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 TELEPHONE: (_____) _____ EXT: _____

A20. Should we need to contact you by phone, what would be the best day and time to call you back?

DAY: _____ DATE: _____ R's TIME: _____ AM/PM

INTERVIEWER: PROVIDER WILL RESPOND:

BY FAX 1
 BY MAIL 2
 BY PHONE 3
 NO PREFERENCE INDICATED 4

IS THE MAIL OR FAX BEING SENT TO:

PERSON ON TELEPHONE 1 NAME: _____

SOMEONE ELSE 2

Thank you very much for your help. [END CONTACT AND RECORD MAIL DATE AND APPOINTMENT ON CALL RECORD.]

A21. If it is convenient for you, we can just go ahead and complete the data forms together over the phone right now. I'd be happy to hold on while you get the information you need from your records.

WILL COMPLETE BY PHONE NOW 1 (A22)
 WILL COMPLETE BY PHONE IN THE FUTURE 2 (A23)
 PREFERS FAXING OR MAILING RECORDS 3 (A24)

A22. COMPLETE EVENT FORMS NOW. WHEN ALL FORMS HAVE BEEN COMPLETED, SAY: Thank you very much for your time and your help with this study. [END CONTACT]

A23. What would be the best day and time to call you back?

DAY: _____ DATE: _____ R's TIME: _____ AM/PM

Thank you very much for your help. [END CONTACT AND RECORD APPOINTMENT ON CALL RECORD.]

A24. We hope you can send the records to our office within 2 weeks. Let me verify that you have our correct contact information.

IF MAILING INFORMATION: Anne Denbow,
 WESTAT
 9274 Gaither Road, GA 48F
 Gaithersburg, MD 20877-1420

IF FAXING INFORMATION: YOUR NAME AND EXTENSION IF APPLICABLE
 FAX NUMBER: 1-800-292-6408
 PHONE NUMBER: 1-800-318-3843

Thank you very much for your time and your help with this study. [END CONTACT.]